

## President's Message

Are you troubled by any of these symptoms on a regular basis?

**Headache**  
**Sleep disturbances**  
**Difficulty in concentrating**  
**Short temper**  
**Upset stomach**  
**Job dissatisfaction**  
**Low morale**

Did you know that it may be early warning signs of job stress? (I know, you're thinking, duh . . . right?) Below are excerpts taken from a report written by the National Institute for Occupational Safety and Health.

### What is Job Stress?

Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury.

The concept of job stress is often confused with challenge, but these concepts are not the same. Challenge energizes us psychologically and physically, and it motivates us to learn new skills and master our jobs. When a challenge is met, we feel relaxed and satisfied. Thus, challenge is an important ingredient for healthy and productive work. The importance of challenge in our work lives is probably what people are referring to when they say "a little bit of stress is good for you".

### What are the Causes of Job Stress?

Nearly everyone agrees that job stress results from the interaction of the worker and the conditions of work. Views differ, however, on the importance of **worker characteristics** versus **working conditions** as the primary cause of job stress. These differing viewpoints are important because they suggest different ways to prevent stress at work.

According to one school of thought, differences in individual characteristics such as personality and coping style are most important in predicting whether certain job conditions will result in stress—in other words, what is stressful for one person may not be a problem for someone else. This viewpoint leads to prevention strategies that focus on workers and ways to help them cope with demanding job conditions.

Although the importance of individual differences cannot be ignored, scientific evidence suggests that certain working conditions are stressful to most people. Excessive workload

demands and conflicting expectations are good examples. Such evidence argues for a greater emphasis on working conditions as the key source of job stress, and for job redesign as a primary prevention strategy.

### Job Conditions That May Lead to Stress

**The Design of Tasks.** Heavy workload, infrequent rest breaks, long work hours and shiftwork; hectic and routine tasks that have little inherent meaning, do not utilize workers' skills, and provide little sense of control.

**Management Style.** Lack of participation by workers in decision-making, poor communication in the organization, lack of family-friendly policies.

**Interpersonal Relationships.** Poor social environment and lack of support or help from coworkers and supervisors.

**Work Roles.** Conflicting or uncertain job expectations, too much responsibility, too many "hats to wear."

**Career Concerns.** Job insecurity and lack of opportunity for growth, advancement, or promotion; rapid changes for which workers are unprepared.

**Environmental Conditions.** Unpleasant or dangerous physical conditions such as crowding, noise, air pollution, or ergonomic problems.

### Job Stress and Health

Stress sets off an alarm in the brain, which responds by preparing the body for defensive action. The nervous system is aroused and hormones are released to sharpen the senses, quicken the pulse, deepen respiration, and tense the muscles. This response (sometimes called the fight or flight response) is important because it helps us defend against threatening situations. The response is preprogrammed biologically. Everyone responds in much the same way, regardless of whether the stressful situation is at work or home.

Continued on page 2

Short-lived or infrequent episodes of stress pose little risk. But when stressful situations go unresolved, the body is kept in a constant state of activation, which increases the rate of wear and tear to biological systems. Ultimately, fatigue or damage results, and the ability of the body to repair and defend itself can become seriously compromised. As a result, the risk of injury or disease escalates.

In the past 20 years, many studies have looked at the relationship between job stress and a variety of ailments. Mood and sleep disturbances, upset stomach and headache, and disturbed relationships with family and friends are examples of stress-related problems that are quick to develop and are commonly seen in these studies. These early signs of job stress are usually easy to recognize. But the effects of job stress on chronic diseases are more difficult to see because chronic diseases take a long time to develop and can be influenced by many factors other than stress. Nonetheless, evidence is rapidly accumulating to suggest that stress plays an important role in several types of chronic health problems—especially cardiovascular disease, musculoskeletal disorders, and psychological disorders.

Health care expenditures are nearly 50% greater for workers who report high levels of stress.

### **Job Stress and Health: What the Research Tells Us**

#### **Cardiovascular Disease**

Many studies suggest that psychologically demanding jobs that allow employees little control over the work process increase the risk of cardiovascular disease.

#### **Musculoskeletal Disorders**

On the basis of research by NIOSH and many other organizations, it is widely believed that job stress increases the risk for development of back and upper- extremity musculoskeletal disorders.

#### **Psychological Disorders**

Several studies suggest that differences in rates of mental health problems (such as depression and burnout) for various occupations are due partly to differences in job stress levels. (Economic and lifestyle differences between occupations may also contribute to some of these problems.)

#### **Workplace Injury**

Although more study is needed, there is a growing concern that stressful working conditions interfere with safe work practices and set the stage for injuries at work.

#### **Suicide, Cancer, Ulcers, and Impaired Immune Function**

Some studies suggest a relationship between stressful working conditions and these health problems. However, more research is needed before firm conclusions can be drawn.

### **-Encyclopaedia of Occupational Safety and Health**

#### **Stress, Health, and Productivity**

Some employers assume that stressful working conditions are a necessary evil—that companies must turn up the pressure on workers and set aside health concerns to remain productive and profitable in today's economy. But research findings challenge this

belief. Studies show that stressful working conditions are actually associated with increased absenteeism, tardiness, and intentions by workers to quit their jobs—all of which have a negative effect on the bottom line.

Recent studies of so-called healthy organizations suggest that policies benefiting worker health also benefit the bottom line. A healthy organization is defined as one that has low rates of illness, injury, and disability in its workforce and is also competitive in the marketplace. NIOSH research has identified organizational characteristics associated with both healthy, low-stress work and high levels of productivity. Examples of these characteristics include the following:

- Recognition of employees for good work performance.
- Opportunities for career development.
- An organizational culture that values the individual worker.
- Management actions that are consistent with organizational values.

### **How to Change the Organization to Prevent Job Stress**

- Ensure that the workload is in line with workers' capabilities and resources.
- Design jobs to provide meaning, stimulation, and opportunities for workers to use their skills.
- Clearly define workers' roles and responsibilities.
- Give workers opportunities to participate in decisions and actions affecting their jobs.
- Improve communications—reduce uncertainty about career development and future employment prospects.
- Provide opportunities for social interaction among workers.
- Establish work schedules that are compatible with demands and responsibilities outside the job.

**-American Psychologist**

Okay, so good luck finding any organizations that actually take this stuff seriously. I guess you'll just have to try my approach to stress . . . relax, take a deep breath, laugh at yourself, drink a glass of wine, and don't worry so much—all of that crap will still be there when you come in to work tomorrow. And the main thing is to focus on what's really important in your life . . . like friends, family, world peace, striving to be a genuinely good person, and not letting stress ruin your good health. Have a stressless, healthy and Happy New Year! **Cindi**

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Please send all comments/questions/articles to me at the above e-mail address. See calendar for submission deadlines. Thank you for your continued support!



## 2005 Eastern MI Chapter's Membership Directory Roster

Use the following link to access the chapter's membership roster <http://www.hfma-emc.org>. When you select "Member Directory", not only can you search for members of our chapter, but you can also search for all your HFMA colleagues by name, company, and location - regardless of chapter!



# 2005 Insurance and Reimbursement Annual Update Register Today!



**The Insurance & Reimbursement Committee  
Presents**

## **The 2005 Annual Insurance & Reimbursement Update**

Thursday, March 24, 2005

Holiday Inn – Livonia  
17123 N. Laurel Park Drive  
Livonia, MI 48152  
(734) 464-1300

### **Speakers & Agenda**

- |               |   |
|---------------|---|
| 7:00 - 8:00   | Board Meeting   |
| 7:30 - 8:00   | Award/New Member Breakfast<br>Invitation only   |
| 7:30-8:00     | Registration/Continental Breakfast  |
| 8:00 – 8:15   | Member Awards Presentation  |
| 8:15 – 9:45   | Washington Update – Speaker: Larry<br>Goldberg, Director of Deloitte’s Wash-<br>ington Affairs for Health Care Office   |
| 9:45 – 10:00  | Break   |
| 10:00 - 11:30 | Motivation is “Making Good Things<br>Happen” - Speaker Jo Bruce, Jo Bruce<br>Training Associates  |
| 11:30 - 11:40 | Break   |
| 11:40 – 1:00  | Michigan Healthcare Update – Blue<br>Cross, Medicaid, Medicare OPSS<br>Speaker: Marilyn Litka-Klein, Sen-<br>ior Director, Health Finance, Michigan<br>Health & Hospital Assoc. |

### **Registration Form Member Meeting I & R Update Thursday, March 24, 2005**

Please return this form and your check payable to: **HFMA-  
Eastern MI Chapter**

**By Mail:** HFMA Registration  
Diane Justewicz  
Corporate Reimbursement  
St. John Health  
28000 Dequindre  
Warren, MI 48092

### **Register On-Line!**

Visit the Eastern Michigan Chapter Web Site at  
[www.hfma-emc.org](http://www.hfma-emc.org)

**By Fax:** Diane Justewicz  
(586) 753-0330

**E-Mail:** [Diane.Justewicz@stjohn.org](mailto:Diane.Justewicz@stjohn.org)

**Registration Fees:** **CPE Credits: 5**  
*HFMA Member \$75.00*  
*Non-Member Guest \$85.00*

Name \_\_\_\_\_  
(As you would like it to appear on your name badge)

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

E-mail \_\_\_\_\_ or

Phone \_\_\_\_\_

Are you an HFMA member? \_\_\_\_\_  
Member # \_\_\_\_\_ Chapter \_\_\_\_\_

**Our Eastern MI Chapter -  
Member Meeting Sponsor:**

**ERNST & YOUNG**  
Quality In Everything We Do

# Member-Get-A-Member Program

## Sponsors Now Receive Credit for Former Members

*HFMA has big news for members who recruit new and former\* HFMA members.*

- *Participation in the Member-Get-A-Member Program is even easier now that you will receive credit towards former members\* who reactivate their membership through April 30, 2005.*
- *Now, not only will new members count toward all Member-Get-a-Member rewards but so will reactivated\* HFMA members*

Don't delay! Time will soon run out to qualify for HFMA's Member-Get-A-Member rewards. Every new member or former member\* that you sponsor adds up to rewards for you. The more members you sponsor, the more chances you have to win the ULTIMATE REWARD -- a \$5,000 travel gift certificate from Tower Travel!\*\*.

As a member already, you are in the best possible position to directly and positively impact HFMA's continuing growth. The strongest recruiting tool for new and former members is your own personal endorsement. Participation in HFMA contributes to the quality of life and economic well-being of millions of Americans; improves standards of industry leadership and practice; and offers education, networking, community-building and more.

**For more information on this program, contact our Membership Committee Chair, Kristi Nagengast, at [nagengak@trinity-health.org](mailto:nagengak@trinity-health.org) or 248-489-6514.**

## ARE YOU THINKING OF BECOMING CERTIFIED?

**Why become certified?** One of the best reasons to become certified is because the process it is a great source professional development and learning. Since the core exam covers a very broad spectrum of topics and while the specialty exams cover subject matter in great depth, virtually everyone who goes through the certification process finds they have learned a lot along the way.

Certification is also a great way to differentiate yourself in the job market. Less than 10% of all HFMA members have attained certified status. Research studies conducted by HFMA National consistently show that certified members earn more than their non-certified counterparts.

Also, once you have become certified it is a great source of pride knowing you have achieved a significant professional milestone. This is something you will find rewarding years after the accomplishment.

**How do you become certified?** The first place to start is to gather information on the process and requirements. The best place to start is the HFMA website at [WWW.HFMA.ORG](http://WWW.HFMA.ORG). You will learn all about the core exam, the specialty exams you can choose, the online and paper certification study guides, and the requirements to become a Certified Healthcare Financial Professional (CHFP) and Fellow (FHFMA).

There are a number of people along the way to help with your certification questions. A great source of information is the pool of certified members in our chapter. You will find professionals who have already become certified are very eager to help with questions and encouragement to anyone considering taking the exam. As chair of the certification committee for the Eastern Michigan I would be glad to address any questions or concerns. Last, but definitely not least, Bernie Clark of HFMA National is an extremely valuable resource. She will cheerfully answer any certification related question you have.

**Some tips for success.** Although there is not one strategy that will

guarantee success on the exam, the following tips have proven to help increase the likelihood of becoming certified:

- 1) Take the exam with a buddy. For many people having the support of taking the exam with some can be very motivating as well as creating some friendly competition.
- 2) Have your family buy-in. Making sure your family knows the importance of your task can be very beneficial for encouragement and allocating dedicated time to study.
- 3) Make a plan. Setting a specific test date is a key to avoid procrastination. Now that the exams are given online under the supervision of a proctor you can select a date that meets your needs. But you need to commit to a date to create structure and a sense of urgency for your studying.
- 4) Buy the study guide. HFMA has prepared study guides for the core exam as well as each specialty exam. Besides being a great study aid you will find them to be a nice reference manual. Candidates who skip the study guide typically regret it.
- 5) Study! This should go with out saying but many candidates do not study enough. A few extra hours of studying in a few key areas will often make the difference between passing and failing.

Hopefully you will take the next step towards certification. You will find it an enjoyable and rewarding experience. Please contact me at (586) 759-7930 or email me at [KLIPAN1@HFHS.ORG](mailto:KLIPAN1@HFHS.ORG) and I will be glad to assist in any way I can.

Kenneth B. Lipan, FHFMA Chair, Certification Committee

# Centers for Medicare and Medicaid Services Issues Clarification of “Incident To” Billing Requirements

Kenneth R. Marcus  
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## Office Setting

In the office, qualifying “incident to” services must be provided by a caregiver whom the physician directly supervises, and who represents a direct financial expense to the physician (such as a “W-2” or leased employee, or an independent contractor). The physician does not have to be physically present in the treatment room while the service is being provided, but the physician must be present in the immediate office suite to render assistance if needed. If the physician are a solo practitioner, **the physician** must directly supervise the care. If the physician is in a group, any physician member of the group may be present in the office to supervise.

## Hospital or SNF Setting

For inpatient or outpatient hospital services and services to residents in a Part A covered stay in a SNF the unbundling provision of the Medicare Act (1862 (a)(14) provides that payment for all services are made to the hospital or SNF by a Medicare intermediary (except for certain professional services personally performed by physicians and other allied health professionals). Therefore, incident to services are **not** separately billable to the carrier or payable under the physician fee schedule.

## Offices in Institutions Setting

In institutions including SNF, the physician office must be confined to a separately identifiable part of the facility and cannot be construed to extend throughout the entire facility. The physician staff may provide service incident to the physician service in the office to outpatients, to patients who are not in a Medicare covered stay or in a Medicare certified part of a SNF. If the physician employee (or contractor) provides services outside of the physician “office” area, these services would not qualify as “incident to” unless the physician are physically present where the service is being provided. One exception is that certain chemotherapy “incident to” services are excluded from the bundled SNF payments and may be separately billable to the carrier.

## In Patients’ Homes

In general, the physician must be present in the patient’s home for the service to qualify as an “incident to” service. There are some exceptions to this direct supervision requirement that apply to homebound patients in medically underserved areas where there are no available home health services only for certain limited services found in Pub 100-02, Chapter 15 Section 60.4 (B). In this instance, the physician need not be physically present in the home when the service is performed, although general supervision of the service is required. The physician must order the services, maintain contact with the nurse or other employee, and retain professional responsibility for the service. All other incident to requirements must be met. A second exception applies when the service at home is an individual or intermittent service performed by personnel meeting pertinent state requirements (e.g., nurse, technician, or physician extender), and is an integral part of the physician’s services to the patient.

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The Centers for Medicare and Medicaid Services (“CMS”) has issued a clarification on “incident to” billing requirements. (Medlearn Matters No. SE0441). (<http://www.cms.hhs.gov/medlearn/tollnums.asp>)

Violation of this often confusion requirement could expose an institution or practitioner to compliance liability. Thus, this clarification, which is summarized in this article, is important information which should be understood by all persons performing services and/or submitting bills to the Medicare program.

## “Incident To”

“Incident to” services are defined as those services that are furnished incident to physician professional services in the physician’s office (whether located in a separate office suite or within an institution) or in a patient’s home. These services are billed as Part B services to the Medicare carrier as if the physician personally provided them, and are paid under the physician fee schedule.

“Incident to” services are also relevant to services supervised by certain non-physician practitioners such as physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives, or clinical psychologists. These services are subject to the same requirements as physician-supervised services. “Incident services” supervised by non-physician practitioners are reimbursed at 85% of the physician fee schedule.

## Physician Supervision Requirement

To qualify as “incident to,” services must be part of the patient’s normal course of treatment, during which a physician **personally performed an initial service** and remains **actively involved** in the course of treatment. The physician does not have to be physically present in the patient’s treatment room while these services are provided, but the physician must provide **direct supervision**, that is, the physician must be present in the office suite to render assistance, if necessary. The patient record should document the essential requirements for incident to service.

Specifically, these services must be all of the following:

*An integral part of the patient’s treatment course; Commonly rendered without charge (included in the physician’s bills); Of a type commonly furnished in a physician’s office or clinic (not in an institutional setting); and An expense to the physician.*

Examples of qualifying “incident to” services include cardiac rehabilitation, providing non-self-administrable drugs and other biologicals, and supplies usually furnished by the physician in the course of performing his/her services, e.g., gauze, ointments, bandages, and oxygen.

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### Ambulance Service

Neither ambulance services nor EMT services performed under a physician's telephone supervision are billable as "incident to" services.

service and is actively involved in the course of treatment, is physically present in the immediate office when services are rendered by the employee, and the service represents an expense to the physician or other legal entity that bills for the service.

**If the treating physician (Doctor X) refers a patient to an anti-coagulation monitoring clinic, can Doctor X bill these services as "incident to?"**

### Other Scenarios

No, because the services are not being provided by an employee under supervision of Doctor X.

CMS has provided the following questions and answers:

**Must a supervising physician be physically present when flu shots, EKGs, Laboratory tests, or X-rays are performed in an office setting in order to be billed as "incident to" services?**

**Can the supervising physician (Doctor Y) at the anti-coagulation monitoring clinic (a physician group) bill the services as "incident to" if Doctor Y directly supervises those services at the clinic?**

"These services have their own statutory benefit categories and are subject to the rules applicable to their specific category. They are not "incident to" services and the "incident to" rules do not apply."

No, because Doctor Y is not treating the patient for the underlying condition. However, If Doctor Y receives a referral from Dr. X, and Dr. Y performs an initial evaluation of the patient and then orders and supervises the services, they may be billed by Doctor Y incident to her initial service.

**Can anti-coagulation monitoring be provided "incident to" a physician's services in an office?**

Yes, if the requirements are met, i.e., the services are part of a course of treatment during which the physician personally performs the initial

## Eastern Michigan Chapter 2005 Calendar

### MARCH

March 1, 2005  
March 9, 2005  
March 24, 2005

HealthCents Submission deadline  
Internal Audit Committee ( St. John, 28000 Dequindre, room N14; 3:30PM)  
Member Meeting - Ins & Reimbursement Update (Holiday Inn –Livonia; 7:30AM – 1PM)

### APRIL

April 6, 2005  
April 13, 2005  
April 21, 2005

Managed Care Committee (St. John, 28000 Dequindre; room CQI;8:30AM)  
Internal Audit Committee ( St. John, 28000 Dequindre, room N14; 3:30PM)  
Insurance & Reimbursement Committee(Robbins Executive Park West, Troy; 8:30AM)

### MAY

May 1, 2005  
May 11, 2005  
May 18, 2005  
May 19, 2005

HealthCents Submission deadline  
Internal Audit Committee ( St. John, 28000 Dequindre, room N14; 3:30PM)  
Member Meeting –Greektown Casino  
Insurance & Reimbursement Committee (Robbins Executive Park West, Troy; 8:30AM)

### JUNE

June 16, 2005

Annual Golf Outing (Tanglewood Golf Course, Northville)  
Registration forms will be sent out in April.



**MARK YOUR CALENDARS!**

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Revenue Cycle	Chris Cylkowski	(248) 338-5683	chris.cylkowski@pohmedical.org
Physician Practice	Dave Speicher	(810) 923-9634	saihcc@htdconnect.com
Placement	Bob Lauer	(248) 858-6156	lauerr@trinity-health.org
Social Activities	Pete Stewart	(248) 443-2065	pstewart@hap.org
Social Activities	Rob Carlesimo	(313) 874-4927	rcarles1@hfhs.org
Sponsorship	Shelly Lake	(248) 544-2300	slake@artusmrm.com

**HFMA-Eastern Michigan Chapter**  
**PLACEMENT COMMITTEE NEWS for February 25, 2005**

We have one new position from a well known employer. Please note and respect the employer's contact preferences.

**Financial Specialist**

**Rehab Institute of Michigan and Michigan Orthopedic Specialty Hospital  
(members of the Detroit Medical Center,) Detroit**

Under general supervision and according to established policies and procedures, coordinates annual operating and capital budgets, Completes financial analyses, forecasts and productivity reports. Completes a variety of complex financial studies to analyze, evaluate and present findings regarding existing and proposed programs and services. Completes projections to evaluate cost containment initiatives, contract negotiations and the budgeting of future revenue and expenses. Develops and proposes alternative solutions or strategies on a wide variety of fiscal issues. Prepares and may coordinate the work of others in financial variance analyses and completion of operating and capital budgets.

**Qualifications:**

Bachelor's degree in accounting, finance, business administration or related curriculum, or equivalent combination of education and experience. Four to five years of progressively more responsible experience in healthcare budgeting systems, and financial analysis or equivalent combination of education and experience. Proficient use of personal computer and spreadsheet software. MS, WORD, EXCEL, and ACCESS and financial systems. High level of analytical ability required and strong understanding of healthcare finance and accounting needed to review, interpret and analyze complex financial reports and activities, and to present findings to management.

**Contact:**

Apply on line at [www.DMC.org](http://www.DMC.org) Job requisition number DMC-00013566

The preferred method of applying is via the website listed above, candidates may also contact:

Sheila Raymo 313-578-3993

email: [SRaymo@dmc.org](mailto:SRaymo@dmc.org)

For your job openings for financial professionals, we encourage you to use this service to notify our members of the opportunities in your organization. Contact me for more information:

Bob Lauer, 248-858-6156, or by e-mail, [LauerR@trinity-health.org](mailto:LauerR@trinity-health.org).